

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

In re	§	
MOTORS LIQUIDATION COMPANY, et al	§	Chapet 11 Case No.
f/k/a General Motors Corp., et al	§	09-50026 (REG)
	§	
	§	
Debtors,	§	(Jointly Administered)

**CODY REYNOLDS RESPONSE TO DEBTORS' THIRTY-SEVEN OMNIBUS
OBJECTION TO CLAIMS**

**TO THE HONORABLE ROBERT E. GERBER
UNITED STATES BANKRUPTCY JUDGE:**

Cody Reynolds (Creditor) respectfully represents:

1. On November 23, 2009, he filed his claim with attachment (1) with Debtors.
2. Cody Reynolds denies that he recieved a letter from debtor reuesting information concerning his claim.

WHEREFORE Cody Reynolds prays that Debtors request for relief be in all things denied and that his claim be allowed to stand.

Respectfully submitted:

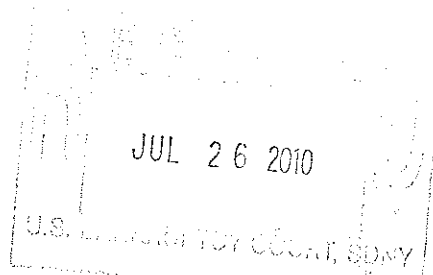
/s/

DAVID A. SLAUGHTER
State Bar Number 18488000
17225 El Camino Real, Suite 415
Houston, Texas 77058
(281) 280-8066 (281) 280-8185 FAX
ATTORNEY FOR CODY REYNOLDS

CERTIFICATE OF SERVICE

This is to certify that a true and correct copy of the above and foregoing instrument has been forwarded to all counsel of record by certified mail, return receipt requested, messenger service and/or facsimile transmission on this the 20th day of July, 2010.

David A. Slaughter
DAVID A. SLAUGHTER



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UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Your Claim Is Scheduled As Follows:

Case No.
09-50026 (REG)
09-50027 (REG)
09-50028 (REG)
09-13558 (REG)

Name of Debtor (Check Only One):
JMLCS Liquidation Company (f/k/a General Motors Corporation)
JMLCS, LLC (f/k/a Saturn, LLC)
JMLCS Distribution Corporation (f/k/a Saturn Distribution Corporation)
JMLC of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.)

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see Item # 5). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property): **REYNOLDS CODY**

Name and address where notices should be sent:

REYNOLDS CODY
REYNOLDS, CODY
17225 EL CAMINO REAL STE 315
HOUSTON, TX 77068-2730

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: **314433**
(If known)

Filed on: **5/30/2006**

Telephone number:
Email Address:

Name and address where payment should be sent (if different from above):

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form. **EXCEPT AS FOLLOWS:** If the amount shown is listed as **DISPUTED, UNLIQUIDATED, or CONTINGENT**, a proof of claim **MUST** be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

Telephone number:

1. Amount of Claim as of Date Case Filed, June 1, 2009: **\$ 15,317.86**

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: **Product Liability**
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: _____

3a. Debtor may have scheduled account as:
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Equipment ☐ Other
Describe:

Value of Property: \$ _____ Annual Interest Rate: %

Amount of mortgage and other charges as of time case filed included in secured claim, if any: \$ _____

Basis for perfection: _____ Amount Unsecured: **\$ 15,317.86**

Amount of Secured Claim: \$ _____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain in an attachment.

Date: **11/24/09**

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Cody Reynolds

Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.
☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
☐ Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
☐ Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Value of goods received by the Debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 503(b)(9) (6 507(a)(2)).

☐ Other Specify applicable paragraph of 11 U.S.C. § 507(a) _____.
Amount entitled to priority:

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter, with respect to cases commenced on or after the date of adjustment.

FOR COURT USE ONLY

JUL 26 2010

Payment Report

CCM Claim Number: CCM0462910299-02
Date of Service From: 05/26/2004 To: 08/16/2004
Patient Name: Cody Reynolds

#	Date Serv	Provider Name	Diagnosis Desc	Charge Amt	Paid Amt	Claim Number
1	05/26/2004	Calvin Leuschen	Pain In Joint, Lower Leg	\$138.00	\$120.60	200406192509088
2	05/26/2004	Dan Wayne Laster	Injury Of Face And Neck, Oth	\$556.00	\$188.04	200406232637808
3	05/26/2004	Calvin Leuschen	Unspecified Chest Pain	\$31.00	\$27.90	200406232791753
4	05/26/2004	Riley P Scott	Unspecified Chest Pain	\$627.00	\$198.24	200406232971553
5	05/26/2004	Schertz Area Facility Ems	Injury, Other And Unspecified,	\$885.00	\$363.60	200406283027360
6	05/26/2004	Radiology Assoc Of San An	Closed Fractures Involving Sk	\$495.00	\$360.00	200406112197099
7	06/01/2004	Daniel J Fleming	Allergic Rhinitis Due To Poll	\$425.00	\$303.33	200406243616633
8	06/02/2004	John D Young III	Maxilar And Maxillary Bones, Ope	\$331.26	\$92.00	200406073307490
9	06/04/2004	Specialty Surgery And Pal	Nasal Bones, Open Fracture	\$2,668.00	\$1,118.20	200406113421691
10	06/04/2004	Harry E Schilling	Nasal Bones, Closed Fracture	\$4,350.00	\$1,050.51	200406236161688
11	06/04/2004	John D Young III	Orbital Floor (Blow-Out), Clos	\$2,947.00	\$640.80	200407274313252
12	06/04/2004	John Hall	Closed Fracture Of Base Of Sk	\$1,400.00	\$756.00	200408032554688
13	07/27/2004	Walter W Strash	Unspecified Site Of Ankle Spr	\$464.60	\$242.75	200407302276466

Total Charge: \$15,317.86
Total Paid: \$5,461.97

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	§	
	§	
Debtors,	§	(Jointly Administered)

ORDER ON DEBTORS' THIRTY-SEVEN OMNIBUS OBJECTION TO CLAIMS

IT IS ORDERED that Debtors' Thirty-Seven Omnibus Objection to claims of creditor Cody Reynolds are DENIED and that Cody Reynolds claims are not expunged and shall proceed until finally disposed of by this Court.

SIGNED THIS ____ DAY OF _____, 2010.

UNITED STATES BANKRUPTCY JUDGE